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Serial No.: 10/567,271

Examiner: Phy Anh Tran Vu

Art Unit: 4148 Docket No.: PU030241

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 20

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Under the Paporwork Reduction Act of 1935 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/567,271 FEE TRANSMITTAL February 6, 2006 Filing Date for FY 2007 Junbiao Zhang First Named Inventor Phy Anh Tran Vu Exeminer Name

Applicant clain	ns small entity	status. See	37 CFR 1.27	Art Unit	4146		}	
TOTAL AMOUNT C	F PAYMENT	(S) 1110	0.00	Anomey Docket No.	PU030241		<u> </u>	
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498								
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FEE CALCULATION	(Âll the fees b	elow are du	e upan filing or	may be subject to	a surcharge.)			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Small Entity				EXAMINATION FEES Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$) ·	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Ulifity	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	180	08		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
						Small E	mei ha	
	2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)							
Fee Description Fee (\$)						25		
Each claim over 20 (Including Reissues) 50 20 Each independent claim over 3 (including Reissues) 200 100								
Mujijipie dependent clak		((133053)			_	60	180	
Total Claims		ra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
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Independent Claims Extra Claims Fee (\$) Fee Paid (\$) - or HP = 0 x \$200 = 0								
HP = highest number of independent claims paid for, if greater than 3.								
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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for smell entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra She	ets N	umber of each	additional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)	
100 > / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) No. Facility Seculiarity \$120 for (so small solity discount)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):FEE FOR THREE MONTH EXTENSION - \$1110.00								
\$1110.00								

SUBMITTED BY								
Name (Print/Type)	PAUL P. KIEL	Registration No. (Attorney/Agent)	40,677	Telepnone	(609) 734-6815			
Signature	Fellow				June 12, 2009			

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LOTES OF COMMERCE

LOTES OF COMMERCE Fees pursuant to the Consolidated Appropriators Act, 2005 (H.R. 4818). Application Number 10/567,271 TRANSMITTAL February 6, 2006 Filing Date for FY 2007 Junbiao Zhang First Named Inventor Phy Anh Tran Vu Examiner Name 4148 Applicant claims small entity status. See 37 CFR 1.27 Art Unit

TOTAL AMOUNT O	F PAYMENT	(\$) 111	0.00	Attorney Docket No.	PU03024	1	
METHOD OF PAYMENT (chock all that apply) CUSTOMER NUMBER: 24498							
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FEE CALCULATION	(All the fees t	pelow are d	ue upon filing or	may be subject to	a surcharge.)		
1. BASIC FILING, SE	1. BASIC FILING, SEARCH, AND EXAMINATI FILING FEES Small Entity		N FEES SEARCH FEES Small Emity		EXAMINA	<u>inty</u>	
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (S)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	1 0 D	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	D	0	0	
2. EXCESS CLAIM F	EES					8mall E	ntity
Fee Description					<u>F</u>	e (\$)	Fee (\$)
Each claim over 20 (including Reissues) 50							25
Each Independent claim	over 3 (including	Reissuos)			_	00	100
Multiple dependent claim					_	60	180
	Total Claims Extra Claims		Fee (\$)	 		Multiple Dependent Cla	
or HP = 0 x \$50 = \$ Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.							
Independent Claims	Eve	a Claims	Fee (\$)	Fee Paid (\$)			
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HP = highest number of Independent claims paid for, if greater than 3.							
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Total Sheets	Extra She	<u>ats</u> <u>i</u>	Number of each a	dditional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)
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Other (e.g., late filing surcharge):FEE FOR THREE MONTH EXTENSION - \$1110.00					\$1110.00		

SUBMITTED BY							
Name (PrinVType)	PAUL P. KIEL	Registration No. (Attornay/Agent)	40,677	Telephone	(609) 734-6815		
Signature	(fellow				June 12, 2009		